

MDR Tracking Number: M5-05-1112-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 08-24-04.

Prior to IRO review the carrier submitted information verifying that these services were denied for medical necessity with a peer review. The carrier stated that extent was not an issue.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the prescriptions medications Allegra and Combivent on 09-19-03 through 05-10-04 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 09-19-03 through 05-10-04 is denied and the Medical Review Division declines to issue an Order in this dispute.

This Findings and Decision is hereby issued this 2nd day of February 2005.

Debra L. Hewitt  
Medical Dispute Resolution Officer  
Medical Review Division

DLH/dlh

Enclosure: IRO decision

February 1, 2005

Texas Workers' Compensation Commission  
Medical Dispute Resolution  
Fax: (512) 804-4868

Re: Medical Dispute Resolution  
MDR #: M5-05-1112-01

TWCC#:  
Injured Employee:  
DOI:  
SS#:  
IRO Certificate No.: IRO 5055

Dear Ms. \_\_\_\_:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is Board Certified in Internal Medicine and trained in Occupational Medicine, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme  
Secretary & General Counsel

GP:thh

**REVIEWER'S REPORT**  
**M5-05-1112-01**

**Information Provided for Review:**

TWCC-60, Table of Disputed Services, EOB's

Information provided by Respondent:

- Correspondence
- Designated doctor reviews

Information provided by Treating Doctor:

- Office notes 01/13/03 – 05/06/04
- EEG 01/21/03
- Electrodiagnostic studies 08/19/02 – 09/10/02
- Radiology report 08/26/02

**Clinical History:**

The claimant was exposed to various chemicals in \_\_\_\_ while at work. There are references in the records to normal pulmonary function tests. There are other records concerning a motor vehicle accident that are not related to this injury.

**Disputed Services:**

Prescription medications Allegra and Combivent during the period of 09/19/03 thru 05/10/04.

**Decision:**

The reviewer agrees with the determination of the insurance carrier and is of the opinion that the medications Allegra and Combivent in dispute during the period of 09/19/03 thru 05/10/04 were not medically necessary in this case.

**Rationale:**

The references do not provide any credible evidence that the claimant sustained long-term pulmonary damage from her exposure to chemicals. Therefore, the long-term use of the listed medications is not reasonable or necessary.